

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36520

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No.

171

Primary Registration District No.

5368

Registrar's No.

37

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <i>Odessa, Smoky</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> TOWN		c. CITY OR TOWN <i>Odessa</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Died at home</i> Length of stay in lb <i>Since 1941</i>		d. STREET ADDRESS <i>RR # 3</i> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Serepta</i> Middle <i>L</i> Last <i>Lame</i>		4. DATE OF DEATH Month <i>11</i> Day <i>4</i> Year <i>57</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 27-1866</i>
9. AGE (In years last birthday) <i>91</i>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>Spickard Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Sanders</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth King</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mrs Clarence Lame</i> Address <i>Odessa Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>This woman died suddenly without previous illness.</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>After death on 11-4-57</i> <i>never</i> her <i>spoke</i> saw him <i>alive</i> on <i>11-4-57</i> Death occurred at <i>7:10:45 A. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. E. Martin, M.D. Coroner</i> (Degree or title)		22b. ADDRESS <i>Odessa Mo.</i>	
22c. DATE SIGNED <i>11-4-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/6/57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>North Evans Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Spickard, Mo.</i>	
24. FUNERAL DIRECTOR <i>Howman Spikes</i> ADDRESS <i>Odessa Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11-8-1957</i>	
26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....  
working under my personal supervision. . .

Student.....  
Signature of Student Embalmer

Signed *W. T. Sparks*.....

Licensed Embalmer No. *44*.....

P. O. Address *Odesa*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.